FORM D

Originally-Executed Version

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

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| OMB AP | OMB APPROVAL | | | | | | |
| OMB NUMBER: | 3235-0076 | | | | | | |
| Expires: | April 30, 2008 | | | | | | |
| Estimated aver | age burden | | | | | | |

hours per response 16.00

| | SEC USE ONLY | | | | | | |
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THOMOUN REDIEKS

| Name of Offering (check if this | s is an amendment and nam | e has changed, an | d indicate chan | ge.) SEC Mail | Processing |
|---------------------------------------|-----------------------------|---------------------|-----------------|------------------------|---|
| BlueGold Global Fund L.P Offe | ring of Limited Partnersh | ip Interests | | Se | ction |
| Filing Under (Check box(es) that ap | oly): 🔲 Rule 504 | ☐ Rule 505 | | | ULOE |
| Type of Filing: New Filing: SEC, NY | | | | ☐ Amendment • | <u> </u> |
| | A. BASIC II | DENTIFICATION | N DATA | AFIV 4 | · · |
| 1. Enter the information requested a | bout the issuer | | | Mochi | naton, DC |
| Name of Issuer (check if this is | an amendment and name h | nas changed, and i | ndicate change. | .) | 111 |
| BlueGold Global Fund L.P. | | | | | |
| Address of Executive Offices | (Number and Street | t, City, State, Zip | Code) | Telephone Numb | |
| Walkers House, 87 Mary Street, C | Grand Cayman, KY1-9002 | , Cayman Island | s | 345-949-0100 | I PODATO BOLEL POLAT BOLLL BEDEL LOGICO CLEEN ARATO CLOL DE |
| Address of Principal Business Opera | ations (Number and Stree | t, City, State, Zip | Code) | Telephone Numb | |
| (if different from Executive Offices) | Same as above. | | | Same as above. | |
| Brief Description of Business: Inv | estments in securities. | | | | 08047202 |
| Type of Business Organization | - | | | | |
| ☐ corporation | ☐ limited partnership, a | lready formed | X (| other (please specify) | : Cayman Islands |
| ☐ business trust | ☐ limited partnership, to | be formed | | Exem | SID A PROPERTY P |
| | Ŋ | Month Ye | ar | | KOCEOOLD |
| Actual or Estimated Date of Incorpora | ation or Organization | 0 3 0 3 | 8 🗔 | Actual Estimated | APR 2 8 2008 B |
| Jurisdiction of Incorporation or Orga | | U.S. Postal Servic | | for State: | ALK 5 0 5000 1 |
| | or Canada: FN for other for | | | <u> </u> | VIII |

GENERAL INSTRUCTIONS Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. Or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed. ATTENTION .

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing general partners of partnership issuers: and Each general and managing partner of partnership issuers. ☐ Beneficial Owner ☐ Executive Officer ☐ Director ⊠ General and/or Check Box(es)that Apply: ☑ Promoter Managing Partners Full Name (Last name first, if individual) BlueGold General Partner Inc. (the "General Partner") Business or Residence Address (Number and Street, City, State, Zip Code) 87 Mary Street, Grand Cayman, KY1-9002, Cayman Islands Check Box(es)that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partners Full Name (Last name first, if individual) Dubourdieu, Cédric Business or Residence Address (Number and Street, City, State, Zip Code) c/o BlueGold Global Fund L.P., 87 Mary Street, Grand Cayman, KY1-9002, Cayman Islands ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Check Box(es)that Apply: ☐ Promoter Managing Partners Full Name (Last name first, if individual) Li. GeFei Business or Residence Address (Number and Street, City, State, Zip Code) c/o BlueGold Global Fund L.P., 87 Mary Street, Grand Cayman, KY1-9002, Cayman Islands Check Box(es)that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director ☐ General and/or Managing Partners Full Name (Last name first, if individual) Quartarolo, Brian Business or Residence Address (Number and Street, City, State, Zip Code) c/o BlueGold Global Fund L.P., 87 Mary Street, Grand Cayman, KY1-9002, Cayman Islands Check Box(es)that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partners Full Name (Last name first, if individual) Reis, Julian Business or Residence Address (Number and Street, City, State, Zip Code) c/o BlueGold Global Fund L.P., 87 Mary Street, Grand Cayman, KY1-9002, Cayman Islands ☐ Beneficial Owner ☐ Executive Officer ☐ Director Check Box(es)that Apply: ☐ Promoter ☐ General and/or Managing Partners Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es)that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partners Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| | | | ······································ | D IN | FODMAT | ION ABO | IT OFFE | DINC | | | | |
|---|--|-----------------|--|-------------|--------------|-------------|----------------|------|---|-------|--------|-------------|
| | | | | D. IN. | FORMAI | ION ABO | OI OFFEI | MING | | | Yes | No |
| 1. Has the issuer sold, or does the issuer intend to send, to non-accredited investors in this offering? | | | | | | | | | | X | | |
| Answer also in Appendix, Column 2, if filing under ULOE. | | | | | | | | | | | | |
| 2. What is | 2. What is the minimum investment that will be accepted from any individual?\$10,000,000* | | | | | | | | | | *000,0 | |
| * The | * The Directors may at their discretion reduce the minimum investment but not below \$100,000. | | | | | | | | | | | 27 |
| | | | t ownership | | | | | | | | | No |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated person of such a broker or dealer, you may set forth the information for that broker or dealer only. NOT APPLICABLE | | | | | | | | | | | | |
| Full Nam | e (Last nan | ie iirst, ii ii | naiviauai) | | | | | | | | | |
| Business | or Residen | ce Address | (Number | and Street | , City, Stat | e, Zip Code | ;) | _ | | | | |
| Name of | Associated | Broker or | Dealer | | | | | | | | | |
| States in | Which Pers | on Listed l | nas Solicite | d or Intend | s to Solicit | Purchasers | | | | | | |
| | | | individual : | | | | | | *************************************** | | 🗖 | All States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |
| Full Nam | e (Last nan | ne first, if i | ndividual) | | | · | | | | | | |
| Business | or Residen | ce Address | (Number | and Street | , City, Stat | e, Zip Code | ;) | | | | | |
| Name of | Associated | Broker or | Dealer | - | | | | | | | | |
| | | | | | | | | | | | | |
| | | | nas Solicite individual l | | | | | | | ••••• | 🗖 | All States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | [IN] | [AI] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |
| Full Name (Last name first, if individual) | | | | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | | | | |
| Name of Associated Broker or Dealer | | | | | | | | | | | | |
| States in | Which Pers | son Listed l | nas Solicite | d or Intend | s to Solicit | Purchasers | | · | | | | |
| States in Which Person Listed has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) | | | | | | | | | All States | | | |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |

| C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE | OF PROCEEDS | |
|--|-------------------------------|----------------------------|
| . Enter the aggregate offing price of securities included in this offering and the total amount already | | |
| sold. Enter "0" if the answer is "none" or "zero". If the transaction is an exchange offering, check | | |
| this box \(\precap \) and indicate in the columns below the amounts of the securities offered for exchange | | |
| and already exchanged. | Aggregate Offerin | g Amount Already |
| Type of Security | Amount | Sold |
| Debt | \$ <u>0</u> | \$ <u>0</u> |
| Equity | \$ <u>0</u> | \$ <u>0</u> |
| | | |
| Convertible Securities (including warrants) | \$ <u>0</u> | \$ <u>0</u> |
| Limited Partnership Interests | \$_5,000,000,000 ¹ | \$ 12,500,000 |
| Other (Specify) | \$ <u>0</u> | \$ <u>0</u> |
| Total | \$ 5,000,000,000 | \$ 12,500,000 |
| Answer also in Appendix, Column 3, if filing under ULOE | | |
| | | |
| 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero". | | |
| | Number | Aggregate Dollar Amount of |
| | Investors | Purchases |
| Accredited Investors | 1 | \$ 12,500,000 |
| Non-accredited Investors | 0 | \$_0 |
| Total (for filings under Rule 504 only) | N/A | \$ N/A |
| Answer also in Appendix, Column 4, if filing under ULOE | | |
| 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. | | |
| | Type of | Dollar Amount |
| Type of offering Rule 505 | Security N/A | Sold \$ 0 |
| | N/A | |
| Regulation A | | \$ <u>0</u> |
| Rule 504 | N/A | \$ 0 |
| Total | N/A | \$ <u>0</u> |
| 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| Transfer Agent's Fees | | \$0 |
| Printing and Engraving Costs | | S \$ 2,000 |
| Legal Fees | | S \$ 50,000 |
| Accounting Fees. | | _ |
| Engineering Fees. | | _ |
| | | |
| Sales Commissions (specify finder's fees separately) | | |
| Other Expenses (identify) Blue Sky Filing Fees | _ | <u> </u> |
| Total | ĹΣ | 3 \$ <u>60,000</u> |
| | | |

¹ This is a target offering amount. The actual offering amount may be larger or smaller.

| Question 1 and the total expenses furnished in response to Part C - Question 1 gross proceeds to the issuer". | estion 4.a. this differenc | e is | | \$ <u>-</u> | 4,999,940,000 |
|--|--|----------|---|-------------|------------------------------------|
| 5. Indicate below the amount of the adjusted gross proceeds to the issuer for each of the purposes shown. If the amount for any purpose is no and check the box to the left of the estimate. The total of the pay adjusted gross proceeds to the issuer set froth in response to Part C - Q | known, furnish an estim ments listed must equal | ate | | | |
| | | - | Payments To Officers, Directors, & Affiliates | _ | Payments To Others |
| Salaries and fees. | | | \$ <u>0</u> | | \$ <u>0</u> |
| Purchase of real estate | | | \$ <u>0</u> | | \$0 |
| Purchase, rental or leasing and installation of machinery and equi | | _ | \$ <u>0</u> | | \$ <u>0</u> |
| Construction or leasing of plant buildings and facilities | | | \$ <u>0</u> | | \$ <u>0</u> |
| Acquisition of other businesses (including the value of securities offering that may be used in exchange for the assets or securities issuer pursuant to a merger) | of another |) : : | \$ <u>0</u> | | \$ <u>0</u> |
| Repayment on indebtedness | |) | \$ <u>0</u> | | \$ <u>0</u> |
| Working capital | | _ | \$ <u>0</u> | | \$ <u>0</u> |
| Other (specify): Investments in securities. | | _ | \$ <u>0</u> | 図 | \$ <u>4,999,940,000</u> |
| Column Totals Total Payments Listed (column totals added) | | ָ נ | \$ <u>0</u> 🗵 \$ <u>4</u> | (<u>\$</u> | \$ <u>4,999,940,000</u> 940,000 |
| D. FEDERAL S | IGNATURE | | | | |
| The issuer has duly caused this notice to be signed by the undersigned following signature constitutes an undertaking by the issuer to furnish the information furnished by the issuer to any non-accredited investor pu | to the U.S. Securities Co | mm | ission, upon wri | | |
| Issuer (Print or Type) Signatu | re | \Box | Date | | |
| BlueGold Global Fund L.P. | Λι | | | | |
| Name of Signer (Print or Type) By: BlueGold General Partner Inc., General Partner By: Cédric Dubourdieu Directo | r / / /// | <u></u> | - 18/3/ | ગ્રે | |
| | NTION | | | | |
| Intentional misstatements or omissions of fact constit | ute federal crimina | l vi | olations. (Se | e 18 | U.S.C. 1001.) |

END